

144 State Street Montpelier, VT 05633-3601 802-828-2177 Kevin Mullin, Chair Jessica Holmes, Ph.D. Robin Lunge, J.D., MHCDS Tom Pelham Thom Walsh, Ph.D., MS, MSPT Susan J. Barrett, J.D., Executive Director

DELIVERED ELECTRONICALLY

March 16, 2022

Mr. Nick Kahm, Managing Partner The Kahm Clinic 70 S. Winooski Ave, Suite 2C Burlington, VT 05445

RE: Docket No. GMCB-009-21con, The Kahm Clinic, Eating Disorder Treatment Program

Dear Mr. Kahm:

Thank you for your responses to our third set of questions regarding your intent to develop an Intensive Outpatient Program and a Partial Hospitalization Program for the treatment of eating disorders at the existing Kahm Clinic. At this time, please provide the following information:

Program/Services

- 1. Please review the document titled, *Kahm Clinic IOP/PHP*, *LLC*, *Expense Detail* submitted in response to Questions submitted on January 18, 2022,
 - a. This document must include all annual operating expenses incurred to make the IOP and PHP programs fully operational.
 - i. Confirm that all annual operating expenses for year 1, 2, and 3 of operation are included in this document.
 - ii. In proposed year 1, 2 and 3, confirm the amount and the line item where the operating lease costs of the Metabolic Testing Device and the Body Composition Device are included.
 - iii. If there will be no payments to the owner, then the line item titled, Owner Distributions/Owner Draws, should be deleted and totals should be corrected.
 - 1. Note: In Response to Questions submitted on February 16, 2022, your response to question 15 states that, "The owner does not expect to take back capital investment or withdraw equity in any of the years shown."
 - iv. If the questions above prompt changes to the Expense Detail document, please revise and resubmit. If, after reviewing the issues raised above, you



are not changing the Expense Detail document, please confirm that these are the final numbers.

- 2. Response to Questions submitted on February 16, 2022, Question 1: In your response, you identify what the Metabolic Test Device and the Body Composition Analysis Device measure. Using specific examples, explain how the information measured by each device is then used in the treatment of patients in the proposed IOP and PHP programs.
- 3. Response to Questions submitted on March 7, 2022, question 8, p. 4: Confirm whether the daily charges reflected in the table include or exclude the \$100 per week charged for the Metabolic Test Device and the Body Composition Analysis Device for patients in the proposed IOP and PHP programs.
- 4. In response to question 2 in your March 7, 2022 submission, it is stated that, "In Vermont, but not in other states, the testing is generally not covered by insurance. Identify other states in New England where commercial and/or Medicaid do provide reimbursement for the Metabolic Testing device and the Body Composition device.
- 5. Clarify whether both CBT and FBT therapy will be used in the IOP program for adolescents.
- 6. Revise and resubmit the Treatment Schedule submitted with the application so that it comports with seven-hour daily treatment program for the adult PHP noted on a table in your responses to questions submitted on March 11, 2022.
- 7. Provide a more detailed overview of external quality measures/programs you will participate in and whether they provide any benchmarking.
- 8. The American Psychiatric Association Practice Guidelines for the Treatment of Eating Disorders is from 2006. Confirm whether there is a more recent update of this document. If so, provide a copy of the updated document.
- 9. The financial tables included in the PDF version of your submission dated on January 18, 2022 are not the same as the excel version of those same tables submitted on the same date. Resubmit financial tables 1, 2, 3 B, C; 4 B, C; 5 B, C; 6 B, C; 7 B, C; 8 B, C and 9 B, C and the Annual Operating Expense Detail table as a PDF and the same Excel document.

In responding, restate the question in bold font and respond in unbolded font. Send an electronic copy to me at donna.jerry@vermont.gov and one hard copy (three-hole punched) with a



Verification Under Oath to my attention at the Green Mountain Care Board, 144 State Street, Montpelier, Vermont 05602.

If you have any questions, please do not hesitate to contact me at 802-760-8162.

Sincerely,

s/ Donna JerrySenior Health Policy AnalystGreen Mountain Care Board

cc. Laura Beliveau Staff Attorney

